



Dear Potential Teen Volunteer,

The Longmont Museum is looking for teen volunteers ages 14-19, to assist with our hands-on summer exhibition *Robots Rising*.

Volunteering at the Museum helps you...

- Earn hours for National Honor Society, IB, and other programs
- Build your resume for college scholarships and job applications
- Give back to your community
- Provide a fun experience for children and families 😊
- Enjoy learning about new topics and career paths
- Have a great time

If you're interested in becoming a Longmont Museum teen volunteer this summer, please read through the information in this packet, **fill out and sign the application, schedule selection sheet, and waiver forms** and return them to the Museum as soon as possible. You can e-mail, mail, or drop them off at the Museum. Your application will be reviewed and you will be contacted by phone to schedule an interview.

Longmont Museum
Attn: Ann Macca, Curator of Education
400 Quail Road
Longmont, CO 80501
Ph: 303-651-8723
E-mail: ann.macca@longmontcolorado.gov

For more information, please feel free to contact me directly. I look forward to hearing from you!

Sincerely,

Ann Macca
Curator of Education

TEEN VOLUNTEER POSITION SUMMARY:

Under the supervision of Museum staff and summer instructors, teen volunteers assist with the implementation of summer camps and/or the hands-on summer exhibition. This is a part-time volunteer position, working during the run of each camp session or exhibition session chosen, as determined by the volunteer and Museum staff. Camp volunteer sessions run Monday-Friday. Exhibition Play Coach volunteer sessions include weekday and weekend hours.

REQUESTED AGE GROUP: 14 – 19

DESIRABLE QUALIFICATIONS:

Energetic, motivated, dependable, and willing to contribute your own ideas to various projects and activities. Experience and an interest in working with children ranging in age from 3 to 14 preferred. Work well with individual children, small groups, Museum staff, and other teen volunteers.

ESSENTIAL RESPONSIBILITIES & DUTIES: If selected, ALL VOLUNTEERS MUST ATTEND A MANDATORY ORIENTATION AND ANY PREPARATION DAYS, where noted.

Camp: Assist instructors and staff with the set-up and take-down of each camp session, assist with daily sign-ins and sign-outs, prepare materials for projects as assigned, assist children with projects and activities, help ensure safety of children, handle multiple and concurrent tasks and interruptions, work with food-related items and assist with some cooking, assist guest presenters as needed. Be a great representative for the Museum, providing friendly customer service for parents and their children.

Exhibition: Play Coach volunteer duties take place in the special exhibition gallery and courtyard. Duties include playing with visitors, resetting interactive exhibition components, answering visitor's questions, keeping the gallery clean and tidy, monitoring visitor safety, being cheerful and friendly with Museum visitors, reporting any problems to Museum staff, additional duties may be assigned by Museum staff as needed.

WORKING CONDITIONS (Location, Equipment, Physical Requirements):

For the Western Settlers camp and Surviving out West camp, work is performed in an outdoor environment at Old Mill Park, 237 Pratt St., Longmont. Some activities take place in the park's historic buildings. For all other Museum camps, work is performed in the Museum classrooms, special exhibition gallery and outdoor courtyard. Environment for camps and the exhibition includes exposure to sun, dirt, water, and all types of weather conditions. Equipment used may include cooking utensils, fireplace (or grill), paper cutter, and laminator. Physical work requires standing, bending, kneeling, and carrying and lifting up to 20 lbs.

RECRUITMENT PROCESS:

Recruitment of volunteers will include a brief phone call and in-person interview. For volunteers age 18 and up, a criminal background check and fingerprinting are required by the City of Longmont for persons working with children.

CAREER DEVELOPMENT OPPORTUNITIES:

Volunteering for museum work offers career development opportunities for almost any field you choose to pursue, particularly in education, history, science, the arts, anthropology, and museum studies. Museum volunteer work builds your resume and helps you land interviews and jobs. Volunteering at a museum is highly recommended for anyone wishing to pursue a career path in the museum, education or gallery fields.



**LONGMONT
MUSEUM**

400 Quail Rd. Longmont, CO 80501

TEEN VOLUNTEER APPLICATION

Deadline extended, please return the application as soon as possible.

All questions on this form must be answered and filled out by the teen in legible handwriting or typed, parents and guardians must fill out the waiver section **ONLY.**

Return application by email, postal mail, or in person to:

Ann Macca, Curator of Education
Longmont Museum
400 Quail Road
Longmont, CO 80501
ann.macca@longmontcolorado.gov

Today's Date/Year _____

Your Age & Birth Date: _____ (Required minimum age is 14)

First and Last Name: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Teen's Cell # _____ **Teen's Home #** _____

Your E-mail Address _____

(The Curator of Education frequently uses e-mail when she needs to contact the teens in this program. The Museum does not share or sell e-mail addresses or any personal information with anyone.)

Grade you will be in this fall: _____ **School attending:** _____

Have you ever volunteered before? _____ (If yes, please fill out section below)

Volunteer History

1. Name of place and address: _____

Supervisor's name and phone #: _____

Your duties: _____

2. Name of place and address: _____

Supervisor's name and phone #: _____

Your duties: _____

Have you read the *Volunteer Position Description*?

Why do you want to be a Museum volunteer?

What are your interests and hobbies?

What skills could you use in assisting with Museum projects?

(for example, arts & crafts, digital photography, history, organizational, etc.)

Credit Hours

If you need to earn hours for school (i.e., honors society, IB program, etc.) please give the number of hours you are required to contribute: _____

By what date? _____

For which organization/school? _____

Personal References

Give the names, addresses, & telephone numbers of two adults who are not relatives.

Name: _____

Address: _____

Phone: (work) _____ (home) _____

Relationship: _____

Name: _____

Address: _____

Phone: (work) _____ (home) _____

Relationship: _____

Your Signature: _____

Date: _____

TEEN VOLUNTEER – SCHEDULE SELECTION

PLEASE RETURN THIS SHEET WITH YOUR APPLICATION

Teen's first and last name: _____

IN ORDER OF PREFERENCE (#1 BEING YOUR FIRST CHOICE) please mark ALL camps and/or exhibit play coach sessions that you are available for. You must be available for the entire duration of the camp or exhibition play coach session that you choose and you must attend the orientation, training and/or prep day, if applicable.

EXHIBITION PLAY COACH VOLUNTEER DATES AND TIMES

All play coach volunteers must attend the mandatory training day at the beginning of the session you choose.

~~_____ Play Coach Session 1, Group A, 20 hours per week, Sun-Thurs 1-5pm
May 25- June 21, mandatory training day Tuesday May 26, 10am-1pm~~

~~_____ Play Coach Session 1, Group B, 21 hours per week, Tuesday-Friday 9am-1pm, Saturday 12-5pm
May 25- June 21, mandatory training day Tuesday May 26, 10am-1pm~~

~~_____ Play Coach Session 2, Group A, 20 hours per week, Sun-Thurs 1-5pm
June 22-July 19, mandatory training day Monday June 22, 10am-1pm~~

~~_____ Play Coach Session 2, Group B, 21 hours per week, Tuesday-Friday 9am-1pm, Saturday 12-5pm
June 22-July 19, mandatory training day Monday June 22, 10am-1pm~~

_____ Play Coach Session 3, Group A, 20 hours per week, Sun-Thurs 1-5pm
July 20-August 16, mandatory training day Monday July 20, 10am-1pm

_____ Play Coach Session 3, Group B, 21 hours per week, Tuesday-Friday 9am-1pm, Saturday 12-5pm
July 20-August 16, mandatory training day Monday July 20, 10am-1pm

Please have your parent or guardian complete the following:

PARENT OR GUARDIAN APPROVAL

_____ (minor's name) has my permission to participate in the Teen Volunteer Program of the Longmont Museum. I am aware of the responsibilities involved and will encourage punctuality, reliability, and dedication to those responsibilities.

I have read the job description and understand the extent of my _____'s participation.
(Relationship)

Parent's or Guardian's Name (please print): _____

Signature: _____

Address: _____

City, State, ZIP: _____

Phone: (cell) _____ (home) _____ (work) _____

Name of your teen participating: _____

Allergies/food allergies: _____

Special needs (physical, emotional, behavioral) and/or medical conditions/medications

Emergency Contact:

Name: _____ Phone: _____

Relationship to the family/teen: _____

EMERGENCY MEDICAL AUTHORIZATION:

As the parent or legal guardian of _____, I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child over whom I have legal custody, who is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child.

The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Physician or other health care provider: _____

Address: _____ Phone: _____

Parent/guardian signature: _____

**ACKNOWLEDGMENT OF RISKS TO MY MINOR CHILD/WARD
WHEN PARTICIPATING IN THE TEEN VOLUNTEER PROGRAM
SPONSORED BY THE CITY OF LONGMONT**

I understand that there are certain risks involved in participating in this City of Longmont program, including the risk of physical injury. I hereby RECOGNIZE, ACKNOWLEDGE AND ACCEPT on behalf of my child/ward such risks. I furthermore AGREE that it is acceptable to me and to my child/ward that my child/ward participate in this program although such risks, including the risk of physical injury, exist. I RECOGNIZE AND AGREE that the City of Longmont may not be able to prevent injury to my child/ward and further RECOGNIZE AND AGREE that the City of Longmont cannot guarantee that no injury will occur to my child/ward.

Signed: _____ Date: _____

Printed name of parent/guardian

Name of child/ward: _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph and/or video (referred to as photograph) the participants and/or their child/children/ward(s) participating in City of Longmont programs and activities. Please complete the following section:

I, _____, the parent or legal guardian of _____, permit the City of Longmont to take and use photographs of me and/or my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Longmont.

I also waive any right that I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection therewith, or the use to which it may be applied. I release, and agree to hold harmless the City, its officers, agents, volunteers, assistants, and employees, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs or in any subsequent processing, as well as any publication, even though it may subject me to ridicule, scandal, reproach, scorn, and indignity.

I am 18 years old or older and have every right to sign this release on my behalf and/or on behalf of my child/children/ward(s).

Signature: _____ Date: _____